

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Limitations on Amount, Duration and Scope of Services  
Provided to the Categorically Needy

24(c) **Christian Science Sanitoria:**

Same limitations as 1(a), inpatient hospital services.

92-19-MA (NJ)

TN 92-19A Approval Date JUN 23 1992  
Supersedes TN ~~New~~ Effective Date NOV 29 1991

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24(d) **Nursing Facility Services for Patients Under Age 21:**

Prior authorization is required for all Medicaid eligible individuals seeking admission to a Medicaid participating NF.

Prior authorization is required for all New Jersey Medicaid eligibles seeking placement in an out-of-state NF.

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24(e) **Emergency Hospital Services**

For emergency services provided in New Jersey, the hospital must provide written documentation as to the medical necessity for the emergency. This limitation applies only to a hospital that is not eligible for approval as a Medicare or Medicaid inpatient or outpatient hospital provider.

For emergency services provided in all out-of-state hospitals, the provider must submit written documentation as to the medical necessity for the emergency. This limitation does not apply if the service is provided to a Medicare/Medicaid recipient. This limitation also does not apply to Medicaid recipients residing out-of-State at the discretion of the State.

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**24 (f) Personal Care Assistant Services, in a Beneficiary's Home in the Community**

Personal care assistant services in this setting are limited to a maximum of 25 hours per week. If there is a medical need for additional hours of service, this limit may be exceeded by the providers, with prior authorization from the Medicaid District Office (MDO) staff, up to an additional 15 hours per week. More than 40 hours of personal care assistant services may be provided under exceptional and extreme circumstances of medical necessity with written MDO approval.

Personal care assistant services are provided by certified licensed home health agencies or by accredited homemaker agencies.

Personal care assistant services for EPSDT-eligible persons may be provided in settings other than the individual's residence.

Medicaid District Office staff periodically and on an ongoing basis shall perform case management and conduct post-payment quality assurance reviews of recipient services to evaluate the appropriateness and quality of personal care assistant services. The findings shall be communicated to the provider and may result in an increase, reduction or termination of services.

Monitoring visits also shall be made by Division staff to the agency to review compliance with personnel, record keeping and service delivery requirements. Continued noncompliance with requirements shall result in such sanctions as curtailment of new recipients for services, suspension or rescission of the provider contract.

Personal care assistant services are not provided in a residential health care facility or a licensed Class C boarding home.

Personal care assistant service provided by a family member (as defined by HCFA) is not a covered service.

96-25-MA (NJ)

TN 96-25 Approval Date NOV 12 1996

Supersedes TN 96-24-MA-0000 SEP 11 1996

Addendum to  
Attachment 3.1-A  
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**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
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**24(f) Personal Care Assistant Services, in a Group Home or Supervised Apartments,  
or Family Care Home:**

Personal care assistant services provided by community mental health agencies under contract to the Division of Mental Health Services are limited to a maximum of 8 hours per day/25 hours per week.

Personal care assistant services are provided by a person who has successfully completed a minimum 40 hours training program for those services approved by the New Jersey Medicaid program.

Personal care assistant services for EPSDT-eligible persons may be provided in settings other than the individual's residence. Personal care assistant services are not provided in a residential health care facility or a licensed Class C boarding home.

The Division of Mental Health Services will conduct annual post-payment quality assurance reviews of mental health agencies which provide personal care assistant services in a group home, supervised apartment, or Family Care Home.

Personal care assistant service provided by a family member (as defined by HCFA) is not a covered service.

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95-28-MA (NJ)

TN 95-28 Approval Date DEC 22 1995

Supersedes TN 94-24 Effective Date JUL 1 - 1995

**OFFICIAL**

Addendum to  
Attachment 3.1-A  
Page 24(f.2)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
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24(f) Community-Based Personal Care Assistant Services:

As specified in the plan of care, these services are limited to those provided in a recipient's residence, place of employment, post-secondary school, or elsewhere in the community.

These services are limited to those individuals age eighteen and over who are certified by a physician to be self-directed and require no assistance in the coordination of therapeutic regimens. Additionally, the physician shall also certify that the personal care attendant services will be adequate and appropriate to meet the individual's needs.

Providers of these services are limited to agencies designated by county government and approved by the Commissioner of the Department of Human Services, under contract to the Division of Youth and Family Services.

Personal care assistant services are limited to a maximum of 25 hours per week. If there is a need, up to an additional 15 hours of service per week may be prior authorized by the Division of Youth and Family Services.

The Division of Youth and Family Services will conduct annual post-payment quality assurance reviews of the designated county agencies which provide personal care assistant services.

Community based personal care assistant service provided by a family member is not a covered service.

This program will terminate April 1, 1995

95-21-MA(NJ)

JUL 20 1995

TN 95-21 Approval Date \_\_\_\_\_

Supersedes TN 94-29 Effective Date APR 1 - 1995